

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

04-23-1999 90065 050 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 766350

1. Corporation Name

LIVING WATERS, INC.

Principal Place of Business

170 INDIAN BAY DRIVE
 FREEPORT FL 32439
 US

Mailing Address

P.O. BOX 5040
 NICEVILLE FL 32578
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/29/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2347802	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HODGES, DONALD E 4880 HWY. 20, E. NICEVILLE FL 32578-2040				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
NAME	HOGES, DONALD E		1.2 NAME				
STREET ADDRESS	4880 HWY. 20, E.		1.3 STREET ADDRESS	170 INDIAN BAY DR.			
CITY-ST-ZIP	NICEVILLE, FL 00000		1.4 CITY-ST-ZIP	FREEPORT FL-32439			
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
NAME	HODGES, PATRICIA C		2.2 NAME				
STREET ADDRESS	4880 HWY. 20, E.		2.3 STREET ADDRESS	170 INDIAN BAY DR.			
CITY-ST-ZIP	NICEVILLE, FL 00000		2.4 CITY-ST-ZIP	FREEPORT FL 32439			
TITLE	TSD	<input type="checkbox"/> DELETE	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
NAME	FARMER, JEANNIE		3.2 NAME				
STREET ADDRESS	700 KUMQUAT AVE.		3.3 STREET ADDRESS				
CITY-ST-ZIP	NICEVILLE, FL 00000		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] PD 4-20-99 850-243757

CR2E037 (1/1/98)